

MAY2020 TUCKER CARLSON INTERVIEW PETER MCCULLOUGH

Tucker Carlson: Every day of the past 14 months talking about COVID. It's a conversation becomes tiresome pretty quickly because almost never do new facts enter the conversation. So, today's conversation about COVID looks a lot like yesterday's conversation about COVID, which is a preview of tomorrow's conversation about COVID. It's a conversation about masks and vaccines and social distancing. But it's not really a conversation about COVID itself. Almost nobody is talking about COVID itself. What is this virus? How do you treat it?

Dr. Peter McCullough is an internist and cardiologist from Dallas, Texas. He has a long and fairly famed history in medicine, which you can look up if you like, and you should. But more to the point, he has treated COVID a lot, and he knows a lot about it. And so, we're grateful to have him with us today. Dr. Thanks so much for coming on. We appreciate it.

Dr. Peter McCullough: Thanks for having me being here.

Tucker Carlson: So, I just want to be clear at the outset. Here's why you're here. You're here because someone sent me last month, videotape of testimony that you gave

before the Texas Senate, State senate, HHS committee on COVID. And you asked a question that I had heard I don't think anybody asked ever and it really stuck out. Here it is.

Dr. Peter McCullough: The average person in Texas thinks there's no treatment. They honestly think there's no treatment. They don't even know about these E-O-A antibodies. You heard from a 90-year-old gentleman who got bamlanivimab, terrific. Where's the focus? There's such a focus on the vaccine. Where's the focus on people sick right now? This committee ought to know where all these monoclonal antibodies are. They ought to know where all the treatment protocols are. They ought to have a list of the treatment centers in Texas that actually treat patients with COVID-19.

Tucker Carlson: Amazing. Where's the conversation about the treatment of COVID-19? That just... I have a big family, most members of my family have been infected with COVID-19. Millions of Americans have. I still have never heard a conversation about how it's treated. Why aren't we talking about this?

Dr. Peter McCullough: There's been a global oblivion to the idea of treating patients with COVID-19. And that's everything that what... that's what Americans want to know. They want to know, "Doctor, what happens when I

get COVID? How do I avoid 2 bad outcomes, hospitalization and death?” So, I looked at this, I got to tell you there’s 2 bad...

Tucker Carlson: [inaudible] laugh when you say that out loud, because it’s so obvious.

Dr. Peter McCullough: It’s so obvious. Patients get sick, they’re sick for about 2 weeks at home until they can’t breathe anymore. And then they become hospitalized, and almost everybody dies in the hospital. So, when I testified in the US Senate, I said, “Listen, this pandemic response has 4 pillars. First one is, try to control the spread. That’s fine. Wear mask, what have you. Second one is treat the problem and treat it early to avoid hospitalization and death. If people do go in the hospital, treat in the hospital, that’s number 3. Number 4 is vaccinations.” So, there’s always 4-pronged approach. And what frustrated me is in the media cycle, all we heard about was reducing spread from our public health officials, and then later on vaccination. We never actually heard about treating sick patients,

Tucker Carlson: Before we get to what treatment exists for COVID, and I think there are treatments that some people, including me, even people talking about it every day aren’t really aware of, before we get to that, what is

the answer to the question? Why haven't we discussed this? Why hasn't there been an emphasis on it?

Dr. Peter McCullough: I think there's been an enormous amount of fear. And for the first time in America, doctors and nurses and others were confronted with a disease that they themselves could contract and die from. And I think that fear drove everything. Remember early on in the new cycle, remember Americans learned about a term PPE.

Tucker Carlson: Yes.

Dr. Peter McCullough: What's that? Does that save a patient? No, that protects the doctors and nurses. We heard a lot about certainly masks and social distancing, what have you. Again, that's protecting well people. That's actually fear driven, like, "Oh, we could be... we could actually get it." Everything was fear driven. There were actually a lot of doctors and hospitals that said, "Listen, you know, we don't treat COVID. If it comes in, we'll play defense and we'll wear our PPE and deal with it in the hospital."

So, the real revolution was early on in the spring, I was communicating with colleagues in Milan. I'm an internist and cardiologist, trained epidemiologist. I'm not a virologist, but I handle simple things like asthma, pneumonia, upper respiratory tract infections. And we are

communicating with the Italians, and we said, “What is going on?” and they said, “Listen, this is like a cold, except the immune system goes crazy in the middle part of it, and then there’s blood clotting now thrombosis.”

Tucker Carlson: Right.

Dr. Peter McCullough: And so, we have to... if we can...

Tucker Carlson: And that’s what can kill you.

Dr. Peter McCullough: That’s what kills you. So, we take an edge off the viral replication early, we treat the immune system dysregulation, and then we manage the blood clotting, we can get people through the illness. I said, “Terrific.” We got together all of our findings, we published in the American Journal of Medicine, and August of 2020 issue. The paper went viral. Still the most downloaded paper in all of American Journal medicine regarding COVID. I just got the listing yesterday, it’s still number 1. And I was never on social media. I was getting inundated with contacts. And my daughter came home from school said, “Daddy, why don’t you make a YouTube video?” I said, “Okay, I made a YouTube video.” 4 slides, I wore a tie, and I can tell you, Tucker, there was no... nothing wrong about this video. It was simply a straight up, we assembled, we look for signals of efficacy in the literature, acceptable safety, and put drugs

into combination for a regiment. And 4... 4 slides, I presented it in 20 minutes, was up on YouTube, it went viral. And then it was struck down by YouTube, violated terms of the community service. And I knew something was up.

Tucker Carlson: What terms did they say it violated?

Dr. Peter McCullough: It didn't say.

Tucker Carlson: How long was it off YouTube?

Dr. Peter McCullough: It was off and I... for, I think, several days. And fortunately, I got some help from Senator Johnson in Washington. And ultimately, this led to my US Senate testimony on November 19th. And a real... honestly, a real congealing of people that said, "Listen, something is up. There is an incredible suppression of early treatment in the medical literature."

Tucker Carlson: Why would...? That is so dark. It's hard to believe that it's real. But of all people, you would know. So, why would physicians, public health officials, politicians try to suppress information about the treatment of a disease they claim they want to prevent or help America overcome? Why would they do that?

Dr. Peter McCullough: I testified in the US Senate November 19th. We have seen things we cannot imagine in academic medicine. Lancet published a fake paper that

came from a fake database that implied that hydroxychloroquine hurt people in the hospital. And we looked at it in 2 seconds, I knew as a fake paper. They had 70,000 patients in a database that had detailed drug information. Back in December in going forward, we didn't have that back then. The mean age was 50, 49. We don't hospitalize people at age 49. This went through peer review. It was agreed upon by all the editors. It hung up in Lancet for 2 weeks and scared the bejabbers out of the world by using hydroxychloroquine.

Tucker Carlson: I remember that really well.

Dr. Peter McCullough: And this is the most frequently used, widely relied upon drug in the world, but something's going on.

Tucker Carlson: So, who...? I'm sorry to back up, and pardon my ignorance. I didn't even know this happened. I remember the paper very well, because it had political uses at the time, because the then President had suggested maybe hydroxychloroquine would be a helpful therapy. And he... that paper used to beat him over the head with it. But who would write a fake paper? Who did that? Do we know?

Dr. Peter McCullough: Well, it came from a company called Surges Fear, which rapidly dissolved. The Lancet

published a retraction that said, “You know, we just couldn’t verify the data, and so we’re retracting it.” No apologies. No... no explanation of how this could have influenced world events. It greatly influenced the FDA staffers who wrote an FDA warning, said, “Well, listen, we think hydroxychloroquine causes harm. Doctors shouldn’t use this.” It was based upon a fake paper. This went to the American Medical Association, then the Board of Pharmacies.

Tucker Carlson: Is this a real story?

Dr. Peter McCullough: This is a real story. And doctors were writing prescriptions for hydroxychloroquine, and also their medical licenses are being threatened. There have been cases all over the country of doctors trying to help patients. And hydroxychloroquine is 1 of 46 drugs we use for COVID-19. It is extraordinary. Listen to this. April...

Tucker Carlson: Wait to this day, hydroxychloroquine is used?

Dr. Peter McCullough: Absolutely, absolutely.

Tucker Carlson: But I thought hydroxy... I heard on NBC News that hydroxychloroquine was poison. It was like fish tank cleaner and only quacks used it.

Dr. Peter McCullough: The best approaches use... if we can, we would use the antibodies that President Trump received. And those are e-way. Listen, that was operation warp speed, terrific. The current product, this Regeneron product, we use that up front. We can follow it in high-risk individuals with 2 drugs to reduce viral replication, typically hydroxychloroquine or ivermectin plus doxycycline, or azithromycin. Outside the United States, we use Favipiravir, which is oral Remdesivir, approved by regulatory agencies in 5 countries to treat COVID-19. No light of day in the United States for Favipiravir. We can use these drugs early, early is very important. Remdesivir 2 weeks later, not so... not... not very impressive. And then very importantly, inhaled steroids and then oral steroids in that middle phase, and then we use aspirin and blood thinners on the back end, just like we do in the hospitals. It's called sequence multi-drug therapy. I published the follow up paper in reviews in cardiovascular medicine December of 2020. The most widely cited paper from that journal for COVID-19, a dedicated issue. And this became the basis for the American early treatment movement.

In the United States today, we have 4 national telemedicine services, 15 regional telemedicine services, 250 treating doctors. We risk stratify, according to over age 50, or multiple medical problems. That means only 10

to maybe 25% of people really need to be treated. Young people don't. And we get them through the illness with avoiding hospitalization and death. And if you look at the data, we're on a pretty high plateau for cases in the United States of COVID-19, and the hospitals are not overflowing. In fact, hospitals have a very manageable workload. So, our viewpoint is that early treatment is really important part of the pandemic response.

Vaccination will complement what we're doing. But this idea of scrubbing early treatment in favor of keeping the population in fear in order to potentially better accept mass vaccination, I think has done a disservice. I testified...

Tucker Carlson: And do you think that was the motive? I mean, I'm not a science guy. I'm big picture guy.

Dr. Peter McCullough: The 2 are so...

Tucker Carlson: Why is this happening?

Dr. Peter McCullough: The 2 are so tightly linked, it is unbelievable. So, the pressure to suppress any hope of treatment is extraordinary. And it's in the minds of doctors all over the world through their medical societies, their journals, the public health community. How many times has anybody come on from the CDC, the NIH, the FDA, ever and gone in front of America and say, "You know

what? We have an early treatment approach,” or, “See your doctor regarding early treatment,” or, “We’re going to support doctors to use their innovation and put drugs together in combination.” Listen, this is a fatal virus. Single drugs don’t work. They don’t work for HIV, or hepatitis C. Everybody knew that. So, the idea of, “Oh, we’re going to do a single drug and see if that saves the world,” no, we look for signals of benefit than acceptable safety, use drugs in combination. What we showed is that doing this, 2 separate papers, Zelenka in New York, Proctor in Dallas, 85% reductions in hospitalizations and death. But we have to start early. We can’t just let people get sick at home.

Tucker Carlson: Okay. Everything you’re saying makes sense. In a sense I understand it as a non-expert. But I still just have to bring you back to the question of why, because I can’t get past it. That’s so reckless, and well, evil if you’re suppressing treatment of a life-threatening disease, you’re committing evil. You’re ensuring people die. And yet, clearly, that’s happened. You say it’s in order to encourage people to take a vaccine, that began before there was a vaccine for one thing. But even after the advent of the vaccine, why the single-minded focus on the vaccine? What is that? It’s... and by the way, I’m not making a case against vaccines, but what is that about?

Dr. Peter McCullough: I'm very pro-vaccine. I've received every vaccine that's evidence-based and indicated. My patients have gotten the COVID-19 vaccine. My family members have gotten...

Tucker Carlson: You're an American. All Americans get vaccines. I mean, no one's against vaccines.

Dr. Peter McCullough: Right. So, we're not against vaccines. It... I had published an op ed last summer in The Hill. And the title of it was The Great Gamble of the COVID-19 Vaccine Development Program. And the point of that paper was we are putting all of our eggs in 1 basket, and it was pretty clear. All of our intellectual eggs, we're going to stake everything on American and worldwide ingenuity working together with the World Health Organization, Operation Warp Speed, Gates Foundation, all the regulatory agencies for a mass vaccination program for the world. We... it was... it was a steak that was taken. And it's... and you saw the... the the tenor of this. Needles in all the arms are, army trucks rolling out with men with refrigerated vaccines and... and you know, get a needle into every arm. What I've been saying is that, "Listen, that's terrific. But we ought to have a tenor of safety, safety, safety." If we're going to put out a vaccine, and we're going to say we're going to mass vaccinate the world, we better be hawks, on safety.

Independent data safety monitoring boards, we better be looking at every event being reported into the safety databases and assure America that the program is safe, as we've kind of...

Tucker Carlson: And we're going to get to that, but I just want to back up a third time because I can't control myself. Why? Why the single-minded focus on the vaccine? I understand completely, someone puts a stake in the ground and that's the goal when you can avert your eyes from it, and you're just... you're all in on the goal. But why is that the goal?

Dr. Peter McCullough: I'm a doctor. I treat patients one by one. And I can tell you, and I testify to this, I have treated all my high-risk patients. I think it would be immoral, unethical, and from a civil perspective, Illegal not to do that. So, that question is best posed to all the doctors and medical centers and groups that haven't been treating COVID-19. We're a year into this. Where's the Mayo Clinic protocol? Where's the Harvard protocol? Where's Johns Hopkins?

Tucker Carlson: There isn't one?

Dr. Peter McCullough: Do they have COVID treatment?

Tucker Carlson: I don't know.

Dr. Peter McCullough: Have they helped people avoid hospitalization and death, or have they just sat back and just receive the cases as they've come in? I'm telling you, something is up. The entire world has been on defense. Maybe it's all driven out of fear, but we are not treating something that is a treatable problem early. We are making this so much harder than it should be.

Tucker Carlson: And people have died as a result of that, obviously.

Dr. Peter McCullough: I testified in the... in the US Senate. I thought... November 19th, I thought 50% of the deaths could have been avoided, because there's a learning curve of how we put this together. Remember, there are no large randomized trials of multi-drug therapy. None are even forthcoming. And our naysayers have said, "Listen, Dr. McCullough, you don't have enough evidence." It's like, "Of course I don't have enough evidence. That's 5 years away." And the guidelines say, "Well, there's not enough evidence to treat patients." But what are we going to do, let them die? Of course not. We have always treated...

Tucker Carlson: Meanwhile, we're giving out a vaccine to the whole country in emergency authorization. That is never tested on pregnant women. And we're... they're saying that hydroxychloroquine is too dangerous? But

just... just you just said something a second ago that I just want to pin you down on. You said, as of right now, so we're at... like, we're in May of 2021, 14 months, 15 months into this, there is no Mayo Clinic or Harvard Medical School protocol for multi-drug... drug treatment of COVID patients?

Dr. Peter McCullough: For outpatients.

Tucker Carlson: For outpatients, right.

Dr. Peter McCullough: Yeah, nothing.

Tucker Carlson: What... okay, so if you're a physician treating people who call you up to say, "I've got COVID. I'm having trouble breathing," you can't... there's no established protocol for what to do next.

Dr. Peter McCullough: That's correct.

Tucker Carlson: Well, that's in... that's insane.

Dr. Peter McCullough: For a problem that has affected millions of Americans were approaching 600,000, and really, I'm the only doctor who can get 2 papers published, teaching doctors how to treat COVID-19. So, we've organized into groups.

Tucker Carlson: Is this true for other diseases? Is it...? I know there's a big push to get colonoscopy. Fine, at 50. But is there no regimen for treating people who didn't get

colonoscopies and wind up with colon cancer? Do we just say, “Mayo Clinic does doesn’t have a view on how to treat that,”?

Dr. Peter McCullough: We have protocols...

Tucker Carlson: Like what?

Dr. Peter McCullough: We have protocols for treating everything in America. And actually, different doctors come up with different ideas. In this case, in a sense, it was the freedom doctors who did it. I was at an academic medical center, and that’s my base. But myself. In our group, we call ourselves C-19. We have like 500 people in the world. Now, we put together ideas. We’ve published 2 papers. The Frontline Critical Care Consortium led by Pierre Kory, they’ve published their protocols similar. And in fact, ours... we have some overlap, and that’s fine. We can’t meet anymore. We’ve been under lockdown. We can’t exchange ideas anymore. Our major societies, American College of Physicians, AMA, Infectious Disease Society of America, National Institutes of Health Guidelines, 0 for outpatients with COVID. In fact, National Institutes of Health Guidelines say something else. They say don’t treat it. They actually specifically say don’t treat it.

Tucker Carlson: Why would they say that?

Dr. Peter McCullough: They go further than this. They say, if you come in the hospital, you can't breathe, don't treat it until somebody needs oxygen. That was the very first guidelines that was published October 8th. I showed that to my colleagues in Washington. I said, "This document will go down in history as the most nihilistic medical guidance as Americans are suffering."

Tucker Carlson: No, it won't. It won't be recorded by history. I talked with us every day, I'd never heard of that. I didn't know that. So, I do this for a living, not medicine, but reading about medicine and reading about COVID, I'd never heard that before until right now. So, what would be the thinking there? If someone comes to the to the physician, to the emergency room and says, "I can't breathe," but you don't think he needs to be hospitalized, you tell the doctor, "Don't treat him," why would you tell the doctor that?

Dr. Peter McCullough: The innocent explanation is it's driven out of fear. And the fear is, you know, we don't know how to deal with this. We don't have large clinical trials. We don't have the intellectual support to support our group think. And then because of this, we are going to err on the side of doing nothing, almost as if we're dealing with some type of contagion that you'd read in Michael Creighton book. It could have been all fear driven. But I

have to tell you, as a doctor, that's not in my moral DNA to let people die with no treatment. Of course, I'm going to try some steroids or some ivermectin, hydroxychloroquine. I'm going to add Lovenox and some other drugs. Of course, I am. And sure enough, myself and others found out over time, we can get people through the illness.

And now, we have these groups in the United States with there's the Bird Group in England, we've got Panda in South Africa, we've got treatment domiciliary, which in Italian means 'treat them at home' in Italy. We've got COVID Medical Network in Australia. We've got likeminded people that say, "Listen, treat this early at home." But we don't have a single bit of regulatory support. We don't have a single bit of your conventional medical society support. We have Associated American Physicians and Surgeons at APS. Now, they publish your home treatment guide. They publish a list of all the treating doctors. We... you know, so Americans have found this out. But I'm telling you today, 10,000 sick Americans are being treated every day through these methods. The hospitals are nearly empty. They've got some COVID patients, but we are handling the problem now. We didn't have this back in August and July, but we have it now. The complexion of COVID-19 in terms of

the dark nature of the United States completely changed with early treatment. It's... this is American success story.

Tucker Carlson: For sure, for the individuals who know what's there and have physicians who understand their options, instead of just letting you die or get intubated. But you're also describing a society whose biggest institutions are not capable of doing science anymore. I mean, that's what you just... that's the story you just told. Science being, you know, the honest evaluation of reality and the retesting of one's assumption, I mean, that's science, correct?

Dr. Peter McCullough: It's correct. And Tucker, it's worldwide. Something is up. Listen to this, Queensland, Australia, you probably been there. April, they put on the books as a law, as a law. If a doctor attempts to help a patient with COVID-19 with hydroxychloroquine, that doctor will be put in jail for 6 months.

Tucker Carlson: What?

Dr. Peter McCullough: Yes. In April, they put it on the books, okay?

Tucker Carlson: Why?

Dr. Peter McCullough: Something is up. If you look at the TGA, let's not... let's not fry the US agencies. Let's get the TGA, the FDA equivalent in Australia. And

Australian is interestingly. They've been kind of spared of COVID-19. They've been in these draconian lockdowns. They have this huge susceptible population. They're all distributed. They've been in fear for 14 months. The TGA has some guidelines for COVID-19. It must have 2 dozen recommendations. Don't use hydroxychloroquine. Don't use ivermectin. Don't use steroids. Don't use anticoagulants. Don't use... they list everything you should not do. It's like, what should you do? That answer, nothing.

Tucker Carlson: Okay. So, COVID-19 became known to the west in January of 2020. So, that was one year and 4 months ago, okay? So, how could, with such a short period of time, the health regulators of Australia know to the point where they codified it in a regulation that hydroxychloroquine is not an effective therapy against COVID-19? Like how could that be known? It couldn't be known, correct?

Dr. Peter McCullough: It couldn't be known. And in fact, there are pieces of the timeline that are suggesting that something is very wrong going on in the world. And whatever's going on, it is worldwide. It is not just US. Things are worse in Canada. There are anguishing doctors, and nurses in northern EU and in Scandinavia

about euthanasia, and having the seniors literally just be euthanized. There's some horrible things going on.

Tucker Carlson: You're completely blowing my mind. I didn't expect this interview at all. I saw... I saw your testimony. I thought you asked a really interesting question. I wanted to hear more about it. I did not expect this. This is really shocking. And by the way, for viewers who are wondering, who is this guy? Is he just some random guy who's claiming to be a doctor? Look him up, Peter McCullough. And I think you'll be quite satisfied after your Google search that you have the authority to say the things that you're saying.

Dr. Peter McCullough: I testified under oath. I have 600 publications in the Peer Reviewed Literature. I'm the President of a major medical society. I'm the editor of 2 major journals. I've headed up 24-day safety monitoring boards in major drug trials and stop drug trials early for safety reasons. I'm telling you, I have no agenda, but I am deeply concerned that something has gone off the rails in the world. It involves science. It involves a medical literature. It involves a regulatory response. It involves populations kept in fear and in isolation and despair.

Tucker Carlson: Okay. So, you've... this is upsetting, but it's also fascinating, I think. You've alluded a couple

times to something being up, I think is the phrase that you used. Can you... can you put a slightly finer point on that? Do you believe that NGOs (the enormous nonprofits that have a lot of sway, it seems like in the public health arena) are exercising influence over COVID policy in the direction that you're describing? Is it that? Is it some international regulatory body? Is it WHO? I mean, what is this, do you think?

Dr. Peter McCullough: That's really going to be the... the goal of investigative reporters to figure this out. There must be stakeholders, or there must be some fundamental drivers for a group think. Now, this is a group think. It's in the minds of people.

Tucker Carlson: Is anyone profiting from it?

Dr. Peter McCullough: I have no idea, and it's just I'm just focusing on the sick patient right in front of me, Tucker. I can't tell you, but I have seen things in the last year that I can't explain as a doctor. Why are other doctors not helping with a simple illness to help these patients avoid hospitalization and death? Why are they not doing this? There are cases, there's been 3 cases in New York, where there have been some seniors and they're struggling in the hospital, and their families find out about ivermectin, a simple drug that's used in the early outpatient realm to reduce viral replication. It's an anti-

parasitic drug, very safe and effective. And they beg the doctors in the hospital, 3 cases, and the doctors say, “No, we’re not going to use it.” And then I say, “Listen, why don’t give it a shot?” No. They go to a court, they get a court order, and the judge says, “Listen to the family and give them some ivermectin.” In those 3 cases, the seniors survived. There’s 2 cases going on right now. There’s one in Chicago going on right now, where they even come with a court order, and the doctors say, “No, not going to do it. We’re not going to give it.” And then they had to somehow enforce the court order to give this poor lady some ivermectin. And they were asking my advice, I said, “I think it’s too late. I’m not sure she’s going to make it. But let’s try to give it a shot.” There’s another one going on in Detroit. There’s something in the minds of doctors.

Tucker Carlson: What are they afraid of? I mean, getting fired would be my first guess. They work for a hospital or a university that won’t tolerate dissent, I guess. I don’t... is this... is this an analogue to what we’re seeing in the political sphere where no one’s allowed to deviate from a certain orthodoxy or else they get bounced? Is that kind of what it is?

Dr. Peter McCullough: That’s a tractable explanation. There is great fear, I think, in the academic medical centers, medical groups and others, to do anything that’s

not in line with the general approach that's been laid out by our public health officials. Now, it's more severe in countries outside the United States. So, for instance, in Canada, UK. For instance, I was interviewed the other day by somebody, and so, little slip that came out was interesting, he said, "Well, Dr. McCullough, what do you think about the most recent ruling from the CDC?" I said, "Ruling? Are they the Supreme Court?" Think about this, the CDC has always given recommendations. And I use the example, I said, "Listen, the CDC recommends all of us should eat less than 10% of calories in sugar and saturated fat. That's what they recommend. Is it a ruling? Are we going to... we're going to lose our job over that? Are we going to not be able to go to an NBA game if we don't follow the diet?"

Tucker Carlson: "The food pyramid is Federal law." There... if there was a journalist to ask you that question, let me just apologize on behalf of all of them. There are some... it's got to be the most low-IQ profession. I mean, really, for real.

Dr. Peter McCullough: Ruling. No, but that's in the minds of people. So, our public health authorities with more than a year of public fear of what's next, our public health authorities have really become larger than life in terms of

their ability to create an environment of... of loss of freedom.

Tucker Carlson: Well, also of a subversion of science. I mean, I feel like there are 2 different arguments maybe on different tracks. I mean, there's the... there's the question of... of what kind of society want to live in and what the Bill of Rights guarantees you as an American citizen. I think it's a very important conversation we have it all the time. But there's a complete separate conversation about what's in the best physical interest of the patient, what medicines to give the patient, and that's in the realm of science. And that should not be influenced by other considerations.

Dr. Peter McCullough: Well, it's in the realm of clinical judgment. And you put up a great point. Our public health officials make recommendations for a population and they use generalities.

Tucker Carlson: Right.

Dr. Peter McCullough: But the next patient in front of me if the... that says, "Doctor, I've really got a bad allergy to this medicine," I said, "listen, it's recommended. But for you, you shouldn't have it." The doctor weighs risks and benefits. And no matter what, whether it's a medicine, a vaccine protocol, it's our judgment reigns supreme. And

so, when I was pressured on the NIH guidelines, and through some agencies, I talked to some agency officials, they say, “Dr. McCullough, don’t be too hard on us. Look at page 8.” And I turn there, it says, “Even though these are recommendations, the doctors’ judgment overall has the final word and what happens to the patient.” I said, “Thank you for that paragraph.” And I’ve used it over and over again. I said, “Even though the NIH says don’t treat patients as an outpatient, it says here that I can use my judgment, and I am.”

Tucker Carlson: Were you one of the many people who sort of bought into the... the pro-choice rhetoric, not on abortion, but just on the idea that medical decisions were between a patient and the physician and the family, maybe clergy, that the government should never intrude in the intimacy of a medical decision? Like that turned out to be a lie, I guess. Like, they don’t have any problem intruding, do they?

Dr. Peter McCullough: There’s the principle of autonomy. This is very important. It’s written into the Nuremberg Code, but we live by it every day. It says the person, the individual gets to decide what happens to their body, they can take Advice, but what happens to their body without pressure, coercion or threat of reprisal. This is really important.

Tucker Carlson: Tell us what the Nuremberg Code is.

Dr. Peter McCullough: The Nuremberg Code came... came out of World War II where there were atrocities going on. And as we move forward in research, we wanted to learn from this Nazi research, which was... which was awful. We had a terrible situation in the United States, the Tuskegee experiments, where for research, people ought to have informed consent, and they can freely participate in or not. And we... we follow that in clinical medicine. This is really, really important. If a Jehovah's Witness says, "Listen, I'm not taking a blood transfusion," we can't force it into their body. If we have a patient who says, "Doctor, I'm not taking a vaccine," we cannot without pressure, coercion, or reprisal, we can't have somebody say, "Listen, I'm going to lose my job," that's pretty strong coercion, don't you think?

Tucker Carlson: Yeah, you can't make a living, you can't eat, yeah, that's about the strongest possible, I mean, short of physical harm. That's...

Dr. Peter McCullough: How about, "I can't go to school. I can't... I can't get my college degree."

Tucker Carlson: Your children can't be educated if you don't obey. So, that's... I think that's a point that all decent people have considered at some point in the last

week or 2, as we're learning that coercion is real and that you will be punished unless you obey. My question to you though as... as a physician is, that is in direct contradiction of the Nuremberg Code. Is that something that all physicians are familiar with?

Dr. Peter McCullough: Yes.

Tucker Carlson: So, why are they standing back and allowing this to happen?

Dr. Peter McCullough: The group think is extraordinary. You know, there's some doctors that have told patients, "I'm not going to see my... these patients unless they're vaccinated. They can't go into my waiting room unless they're vaccinated." You know, there's Hospital in Texas, in Houston, Texas, that came out and said, "Listen, if people don't succumb and take the vaccine, that," for months, they said, "Listen, if you... in order to encourage you, we'll pay you \$500." If I tried to do that, in a research study, the investigation review board wouldn't agree with that. That's coercive. \$500 is coercion to low-income workers. But it still didn't convince them. The workers were, you know, looking at the safety and saying, "You know, I think we're going to hold back." Then... then it came out a week or so ago and said, "Listen, if you don't take the vaccine, we're going to fire you." And then the workers got together and said, "You know, some of us

don't want and can't take it," and they said, "You're fired," and some employees started getting fired.

Tucker Carlson: Just think it's interesting that people who work at a hospital wouldn't want the vaccine. And these are people who work at a Goodyear plant. I mean, these are people who work around medi... I mean, that's... that's what they do for a living, they're around medicine, they're also around COVID, and much higher chance of getting infected with if you work in a hospital.

Dr. Peter McCullough: Well, listen, they...

Tucker Carlson: But they still don't want it.

Dr. Peter McCullough: No, but they know the clinical trials. This is very important because we participate in clinical trials. The FDA, Pfizer, Madonna, J&J, AstraZeneca strictly excluded, strictly excluded, COVID recovered, suspected recovered, those with antibodies, pregnant women, women of childbearing potential who couldn't assure contraception. That is a huge group of exclusions. That... that's a giant part of the healthcare workforce. So, of course, they looked at that...

Tucker Carlson: That's a giant chunk of America.

Dr. Peter McCullough: So, Tucker, if they weren't eligible for the randomized trials and said, "You know what? The FDA and the sponsors thought maybe there was a

problem with safety or they... they had no chance of benefit and only a small chance of these safety events, exclude them,” why would they electively go into an investigational program now?

Tucker Carlson: So, I don't think most Americans are even aware of that. I mean, the fact that pregnant women were excluded from the safety trials, I think is... is fairly widely known. Don't... I think it's less known that COVID recovered, and that... I don't know how many 10s of millions of Americans fall into that category, but certainly 10s of millions of had COVID, whether they knew it or not and recovered from it. They were excluded from the trials. Why? On what grounds?

Dr. Peter McCullough: Well, very good grounds. COVID recovered patients so far are racking up a terrific track record of freedom from reinfection. It's nearly airtight. Think about SARS-CoV-1 is 80% homologous to SARS... SARS-CoV-2 and 2 are 80% the same. The first SARS pandemic, people had durable and complete immunity, 17 years so far. You don't get it twice. We've had 111 million people in the world who have gotten this infection. If there was a chance for double and triple infections in the same person, we would have seen it by the millions, millions. If you look in the literature, maybe you can find 100 cases where someone says, “You know, I

think they got reinfected.” And we look, and almost always, it’s a misinterpretation of one of these PCR tests, which is commonly false.

Tucker Carlson: Yes.

Dr. Peter McCullough: And then someone’s sick over here. The most recent one from France was obviously it was a misinterpretation. One of the false narratives out there is you can get the infection twice. It’s a false narrative. And the FDA...

Tucker Carlson: Why are they... why would people say that?

Dr. Peter McCullough: Well, listen, the FDA and the sponsors knew that. Of course, they excluded COVID recovered patients. They know you can’t get it again. They’re not going to have a clinical trial and have the clinical trial go to the null. They knew that. But when it came out, I think in an err of caution, this would be the innocent explanation, err of caution, they said, “You know what? We’ll make it available to everybody.” But quickly making it available to everybody started to become a coercive thing. So, now people say, “Listen, I’m COVID recovered. I’m pregnant. I was never even tested in the study. Is this safe?” Remember, in pregnant women, the only thing we allow is the inactivated flu shot, and the

tetanus, diphtheria, and pertussis, which is inactive. We never let anything pathogenic into a woman's body who's pregnant, never. We give the vaccine, all the forms of the vaccine produced the viral spike protein. They produce one type, by the way, the Wu Han original type, which, by the way, it's long gone in the United States. We got 14 strains right now, Wu Han original is not one of them. But you produce that in a high quantity in the body, that is directly pathogenic. It causes blood clotting. It damages the blood vessels, causes fever. So, we are actually having women's bodies produce a pathogenic protein for a few days.

Tucker Carlson: And we don't do that with any other vaccine.

Dr. Peter McCullough: Never.

Tucker Carlson: We try to not to use the F word on TV now, but I'm getting upset hearing this. Why would we do that?

Dr. Peter McCullough: I'm not a public health official. I'm a doctor. I don't think like public health officials, it appears to be out of an err of... we've had a year of... of this difficult time in America of trying to make a new product through American innovation available to everybody. And there was an idea of, "We'll make it

available and then try to weigh benefit and risk later on under the investigational use e-way period.” As a doctor, I can tell you, I am not recommending pregnant women get the vaccine. I’m not recommending actually any of the excluded groups from the trials get the vaccine. We have no information on safety, and we have no information on efficacy. It violates a simple medical practice principle. We don’t use things where we don’t have a signal of benefit or acceptable safety. We don’t do it.

Tucker Carlson: And yet you’re one of the very few physicians, particularly, I would say eminent physicians, who’s willing to say this in public. I want to put for our viewers, I’m sure you’ve heard this 1000 times, the other perspective. This is the President of Mount Sinai in New York pushing for mandatory vaccines. This is from week and a half ago. Watch.

David L. Reich: Although it’s always challenging in society to make things mandatory, perhaps in certain employment settings, especially where there’s higher risk, we may as a society decide that mandatory vaccination is a reasonable thing to do in certain circumstances.

Tucker Carlson: Mandatory vaccination. So, that is shocking on the one hand, because you never thought you would live to hear someone say that without shame in

public. But it's not as shocking given the context we're living through now where that's not considered extreme.

Dr. Peter McCullough: The CDC and the FDA have in all the language regarding the vaccine program, the words volunteer, elective, it's your choice, talk to your doctor. They defer to us all the time, "Remember, if you've had a vaccine reaction in the past, talk to your doctor. It may not be safe for you." They have resuscitation equipment in the vaccine centers, and there's awful lot of patients like, "You know, hey, what's going to happen when I take it?" Today, they were trying to do it at one of the big concerts or basketball games. I mean, this is really driving forward here. I think America needs to take a deep breath and understand we're treating COVID, we've got it under control, it's manageable. Let's see some deep dives on safety. I think we need an independent data safety monitoring board to talk to look at all the safety events being reported the CDC. America can see them. It's in that VAERS program. If you go open [va... vaers.com](https://vaers.hhs.gov/), it's right there. American can see the numbers racking up in the categories. And they ought to ask, "Let's have an independent data safety monitor board look at all the events with the eye of risk mitigation."

The idea that we're going to roll out products and get it right the first time, how often does that happen in

medicine? We always got to tweak things. Maybe there's certain groups that shouldn't get it. Maybe the doses are too high. Maybe the doses ought to be weight based. There's all kinds of things to consider.

Tucker Carlson: So, let me ask you as kind of a final question, specific that I think some of our viewers can probably relate to. American colleges have decided almost as a group, not... not all of them, but we're clearly moving toward that, mandatory vaccines for... for kids returning to campus this fall. If you have a child in college hoping to return who has been infected and recovered from COVID, and that's many millions of people, how should you respond when your child's school says your child must get the vaccine?

Dr. Peter McCullough: Those letters are coming in from concerned parents all over. And I can tell you, the first thing I encourage is get a copy of the policy and get a copy of the exemptions. Do you know that some of these institutions, they haven't even written a policy yet. They haven't even written a policy or have set of exemptions. They haven't even thought through this. He's on there saying mandatory vaccines, you got to get together...

Tucker Carlson: That guy is a lunatic and should be stripped of his medical license.

Dr. Peter McCullough: But no, we have to consider risks and benefits. We've got to write a policy. There has to be exemptions. Think about this, we always vaccinate for the purpose of protecting the individual. Because the individual takes on the risk. We never vaccinated an individual to protect somebody else, never. Because that's asking the individual to take the risk for someone else's benefit. So, vaccinating kids...

Tucker Carlson: Wait a second, I'm hearing doctors... I heard a doctor on CNN yesterday say you're selfish if you worried about the risk to you. You get vaccinated for society. Barack Obama just said that exact same thing. That's not a precept of science of medicine?

Dr. Peter McCullough: Not in the middle of an active pandemic. Now you could say, listen, we eradicated smallpox, all the little kids. We vaccinate then because we haven't eradicated disease, so we're always protecting that person, but we're protecting everybody else not have smallpox come back. But when this is basically wide open 45,000 cases a day, this isn't... this isn't eradicated. The purpose of vaccination now, and I recommend it in my practice, is to protect people who honestly, I think are going to die of COVID. So, it's going to be those vulnerable people, age over 50, medical problems. I have a couple patients that said, "Doc, should I take the

vaccine? I'm worried." I said, "Listen, you wouldn't stand 2 hours with COVID. Take the vaccine." The vaccine is to protect the vulnerable. It's not to just sweep through the population in the middle of a pandemic. It's the wrong approach.

Tucker Carlson: So, if your kid has recovered from COVID and is healthy and has... I mean, clearly, there's concern about risk in vaccinating someone who has active antibodies from COVID, right? Should you allow it? Should you fight like an animal to prevent it? Should you go along with it? I mean, what do you do?

Dr. Peter McCullough: The COVID patients who recovered, they have antibodies. They have T cell protection and innate [inaudible]. They had robust... I mean, the antibodies are a pretty nice indication that you're protected. But these T cell tests are terrific. This T cell direct test, man, that's actually next generation sequencing. That... that is permanent protection. That's your... that's your microbiological evidence of permanent protection. And so, I think the clinical diagnosis...

Tucker Carlson: Can you get that test? Can a civilian get that test?

Dr. Peter McCullough: Somebody can go online, order it, and their medical director approves it, go to the lab and

get it, no doctor needed. It's wonderful. I think what parents ought to know is that children who are COVID recovered, the clinical diagnosis is good enough to confer immunity. I think the big question is, suspected COVID recovered, you don't know, you never got a test, or you're not sure, then get the antibodies or the T cell test or both and show proof of immunity. I hope some rational thinking comes down in America to say, "Listen, proof of having COVID or proof of being a survivor recovered will be good enough," because otherwise, this is getting out of control. I've said for these passports, people talking about green passports, I said, "Why don't you give a gold passport for the COVID recovered? They should get first class." They can't give it. Remember, the vaccines are not perfect.

Tucker Carlson: But that's not even under consideration. That's not even a public conversation. I'm not sure our public health authorities have even mentioned that. Why?

Dr. Peter McCullough: Our group think is amazing. I said at the Super Bowl, they sheepishly announced they were going to let in 100 vaccinated health care workers into the stadium, and they were sitting miles apart. I said, "Why don't you fill up the stadium with 80,000 COVID survivors, have them have hot dogs and beer, and cheer that America's back?" COVID recovered cannot give or

receive the infection. We got to... we have to get to that important conclusion.

Tucker Carlson: Even I understand that, and I have a degree in Russian history from a third grade College in Connecticut. So, like every doctor must know that, right?

Dr. Peter McCullough: There is an overwhelming cloud of fear and false narrative. "Oh, there's studies out of Denmark where there was some ambient antibodies here and people got COVID here. You must be able to get reinfected," these little red herring cases. I said, "Listen, look at your nursing homes. Is grandma going in the ICU over and over again? No. Does seem like everybody gets it one time? Yes." There's a lack of common sense. We just have to use our clinical common sense. The immunity is robust, complete and durable. Let's move on.

Tucker Carlson: Man. Dr. Peter McCullough, one of most upsetting conversations I have had in a long time, but much needed. Thank you very much.

Dr. Peter McCullough: Thank you.

Tucker Carlson: I really appreciate it. Dr. Peter McCullough. Look him up. That's Tucker Carlson Today. New episodes every Monday, Wednesday and Friday here on Fox nation. We will see you every weekday at 8:00 PM on the Fox News Channel.

